



REAL ESTATE APPRAISER SECTION
P.O. BOX 9048
OLYMPIA WA 98507-9048
(360) 664-6504

Real Estate Appraiser Renewal Affidavit



FOR VALIDATION ONLY

**Make remittance payable to State Treasurer.
Send this application with your remittance to:
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048**

In order to renew and prevent interruption of your license or certification you must read, complete, and sign this affidavit and return it with the following:

- A. Copies of your course completion documentation for **28 hours** of continuing education.
- B. The required **\$407.00** renewal fee.
- C. If submitted after your expiration date, enclose an additional **\$38.00 late penalty fee.**
- D. **Your Social Security Number** (Required per RCW 26.23.150) _____

Please answer the following questions. If you answer "YES" to any of the questions, submit a detailed response.

- 1. Has any professional or occupational license or permit issued to you been suspended, revoked, censured, or fined in this state or any other jurisdiction within the last two years? ☐ YES ☐ NO
- 2. Have you had a civil court order, verdict, judgement or administrative action entered against you in any court or competent jurisdiction in which the subject matter involved real estate or business-related activity, or have you entered a plea of *nolo contendere* within the last two years? ☐ YES ☐ NO
- 3. With the exception of motor vehicle violations, have you ever been convicted of a crime, felony, or misdemeanor by this state, any other state, the federal government, or any other jurisdiction within the past two years? ☐ YES ☐ NO

I certify under penalty of perjury that I have read and understand RCW 18.140 and WAC 308-125, and that the statements herein are true to the best of my knowledge and belief. I also certify that I shall comply with applicable rules and regulations and understand the penalties for misconduct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my certification/license to practice as a certified/licensed real estate appraiser in the state of Washington.

Applicant's Name (please print) _____

Signature of Applicant **X** _____ Date _____

If your address has changed, please provide the following information:

New Street Address _____

City, State, Zip _____

Mailing Address (if different) _____

City, State, Zip _____

New Telephone No. (_____) _____
(area code)